MN DOC
Behavioral Health Services

Brief Overview

2013

	Public	Prison	Jails	Supv
SMI	5.4%	16%	17%	7-9%
SUD	16%	53%	68%	35-40%
DEP	0.6%	36%	36%	N/A
COD when SMI	25%	59%	72%	49%

The “Revolving Door”

- Mental illness is rarely the cause of criminal behavior, but…
- Offenders with behavioral health disorders are more likely to become “stuck” in the CJ system.
- Remain 15 months longer than offenders without mental illness
- Offenders with MI and COD are significantly more likely to have their supervision suspended or revoked.

Is it the mental illness or criminality?

- False dilemma
- Both are typically present to some degree
- Correctional and behavioral health interventions are both needed
- Risk
- Need
- Responsivity

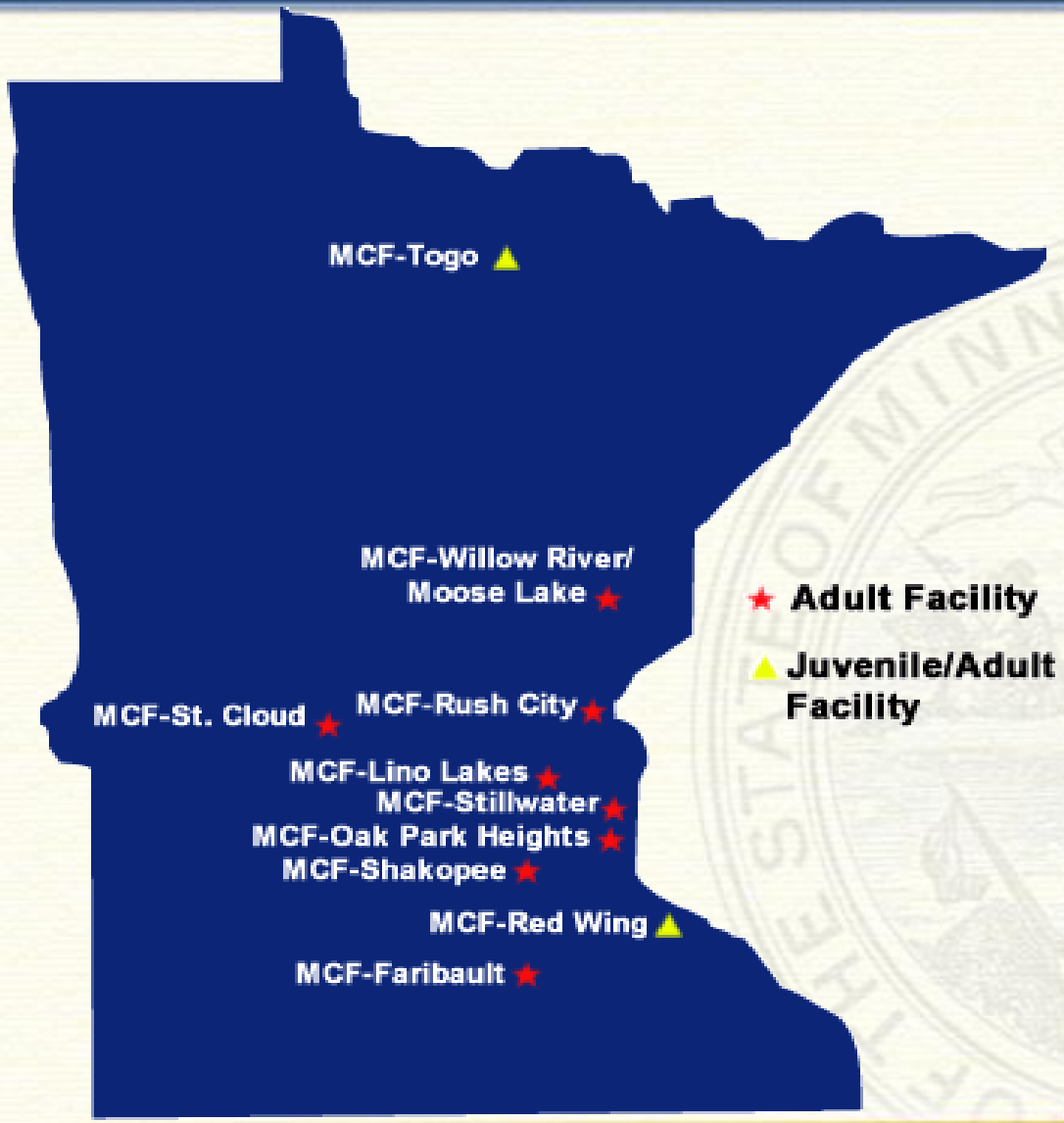
MN DOC Mission and Vision

Our Mission Contribute to a safer Minnesota by providing core correctional care, changing offender behavior, holding offenders accountable, and restoring justice for victims.

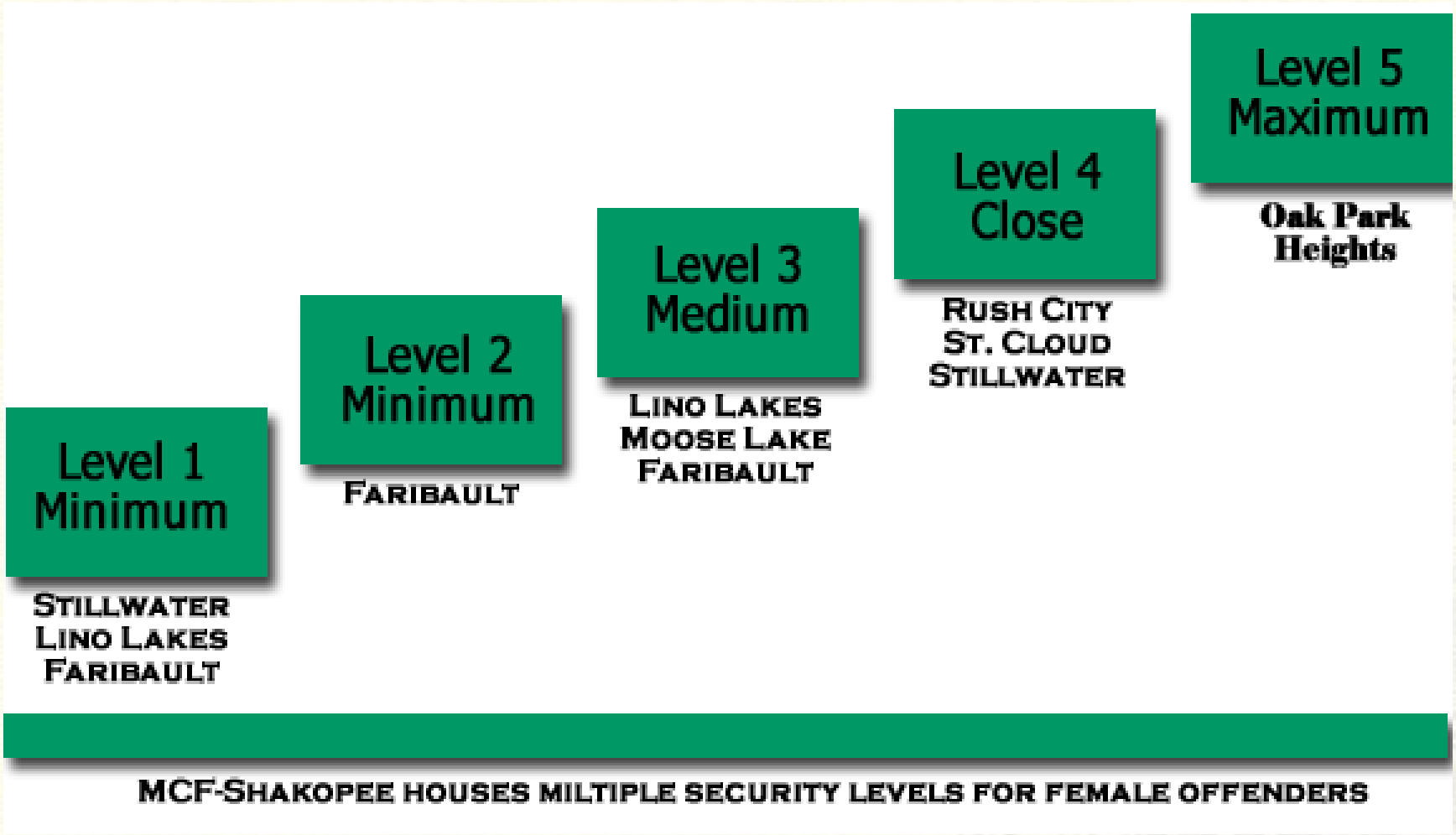
Department Overview

- 2nd lowest rate of incarceration
- One of the least expensive correctional systems
- 10 facilities
  - Pop: 9300
  - Women: 680
  - Top offense: Drugs (17.1%)
  - Person offenses: 49.3%
  - Ave age 36.3
  - White 53.6% (86.9%)

Minnesota Department of Corrections
Prison Facilities



Classification Levels



Behavioral Health Services

- Includes
  - Mental health
  - Chemical dependency
  - Sex offender
  - Release planning
- Approximately 280 staff
  - All State employees

Focus of resources

- Provide mental health care for offenders with mental health concerns
  - Focus on relevant functional impairment
  - “Level of Care”
  - Risk, Need, Responsivity
- Reduction in recidivism rates
  - CD
  - SO

Needs

What is the range of intervention needs?

- Mental health
- Physical health
- Education
- Vocation
- Drug & Alcohol
- Sexual offending
- TBI

Responsivity

- Axis II vs. Responsivity
- Responsivity as resource restriction
- Paradox: Offenders at highest risk with highest needs are often least responsive
- Responsivity as treatment target
- TBI

Effective Strategies

- Teamwork
  - Facility & Department-wide
- Teamwork
  - State-wide, counties, private, interagency
- Teamwork
  - With offenders

Efficiency Strategies

- Be “proactive”
  - Intervene during periods of good functioning
- Treatment modalities
  - Group therapy
  - Short-term therapy, long-term view
- Treatment failures highly inefficient
- Pre-treatment: Take advantage of the long time-line

Intake and Assessment

MCF- St. Cloud – Reception Facility

- Intake assessment
  - Determines CD, mental health, and sex offender treatment needs
  - Review of assessment by RACN to determine directive (DHS/DOC site or DOC site)
  - Prioritized and placed on waiting list

Arrival at Treatment Facility

- More detailed assessment including psychological assessments, file review and clinical interview
- Development of treatment plan
- Treatment

Mental Health Services

- Intake
  - All offenders participate in a brief screening
  - Offenders with a history of mental health/psychiatric intervention, suicidal attempts, or who currently display symptoms of mental distress or disorder participate in further evaluation
  - When indicated a full psychological evaluation is conducted

Levels of Care

- Intervention services offered according to level of offender need and resources available
- Level 1 – Referral to self-help group
- Level 2
  - Outpatient intervention
  - Psychoeducational groups
  - Psychotherapy groups
  - Individual Psychotherapy

Levels of Care (cont)

- Level 3 – Supportive services for chronically mentally and socially low-functioning offenders
- Supportive services include
  - Mental Health services
  - Daily living skills training
  - Employment and transitional planning

Levels of Care (cont)

- Level 3 supportive services are provided at
  - MCF-Lino Lakes (Medium custody)
  - MCF-Stillwater and MCF-Rush City (Close custody)
  - MCF-Shakopee, MCF-Oak Park Heights and MCF-Red Wing

MH Treatment by the numbers

- Approx 25% adult males receiving active MH treatment
- Over 60% adult females receiving MH treatment]
- 40-50% juvenile males receiving MH treatment

Chemical Dependency

- MN DOC is one of state's largest providers of CD treatment
- Provides continuum of CD services, including pretreatment, primary long-term treatment and aftercare
- Available to offenders at every state prison custody level except maximum
- Provided to adult and juvenile male and adult female offenders

- Programs are routinely reviewed for compliance with state certification and licensure standards
- CD programs refocused to long-term treatment of approximately 6-8 months
- Long-term programming more staff-intensive and targets offenders considered high-risk, high-need for treatment

CD Treatment by the numbers

- Of the 3,500 newly committed offenders and release violators entering prison each year with a sentence sufficient to complete treatment approximately 85% are directed to treatment
- Approximately 90% chemical abuse diagnosis
- Approximately 60% chemical dependency diagnosis

Sex Offender Treatment

- MCF-St. Cloud – Reception facility
  - Intake assessment
    - ✓ Determines chemical dependency (CD), mental health, and sex offender treatment needs
    - ✓ Review of assessment by Risk Assessment/Community Notification Unit to determine directive (DHS/DOC site or DOC site)
    - ✓ Prioritized and placed on waiting list
- Arrival at designated correctional facility
  - More detailed assessment including psychological assessments, file review, and clinical interview
  - Development of treatment plan
  - Treatment

MSOP-DOC

- Targeted population – sex offenders who are most likely to be civilly committed
- Difference in this program:
  - Participating offenders committed to the DOC
  - Program staffed by DHS
  - Clinical supervision by DHS
- DOC oversees all activities
- DHS clinical staff participates in DOC clinical meetings

Treatment Objectives

- Reduce risk by targeting “dynamic” risk factors such as:
  - Attitudes/beliefs
  - Substance abuse
  - Self-management skills
  - Interpersonal skills
- Approaches:
  - Cognitive-behavioral
  - Skills-based
  - Risk management
  - Group and individual treatment
  - Education

Key Findings

- Sex offender treatment provided within the DOC reduced the risk of rearrest for a new sex offense by 27 percent
  - Size of reduction was greater (33 percent) for sex offenders who completed treatment or successfully participated until release
- Participation in prison-based treatment lowered the risk of rearrest for a violent crime (both sex and non-sex offenses) by 18 percent
- Prison-based treatment decreased the risk of rearrest for any offense by 12 percent

Behavioral Health Release Planning

DOC Release Planning

- Serious and Persistent Mental Illness
- Sex Offender
- Chemical Dependency
- Medical

Overcoming Community and Agency Barriers

2001 Law Mandates

- The 2001 law mandates the following actions on the part of the Departments of Human Services and Corrections:
- The commissioner of human services, in collaboration with the commissioner of corrections, shall offer to develop a discharge plan for community-based services for every offender with serious and persistent mental illness, who is being released from a correctional facility.

Some Current Initiatives

- CIT
- TBI
- MI
- COD
- RV
- Olmstead Planning
- PREA
- TPC

Closing Remarks

- The bar is being raised
- Correctional facilities aren't inherently "correctional" but incarceration time can be put to good use
- Corrections is a specialty
- Comprehensive assessments
- Integrated interventions
- Long-term view
- Community safety is our responsibility and investments in behavioral health services increase public safety, reduce social and financial costs and improve lives

Thank you!

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